

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application number::	<u>10/582,705</u>
Filing Date::	<u>June 12, 2006</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	Listing
Number of CD disks::	3
Number of copies of CDs::	3
Sequence submission?::	CD
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title ::	METHOD AND NUCLEIC ACIDS FOR THE IMPROVED TREATMENT OF BREAST CELL PROLIFERATIVE DISORDERS
Attorney Docket Number::	47675-198
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	110
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	No
Contract or Grant No::	

Secrecy Order in Parent Appl.?: No

### **First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NL  
Status:: Full capacity  
Given Name:: John  
Middle Name::  
Family Name:: Foekens  
Name Suffix::  
City of Residence:: Rotterdam  
State or Province of Residence::  
Country of Residence:: NL  
Street of mailing address:: Filosefentuin 35  
City of mailing address:: Rotterdam  
State or Province of mailing address::  
Country of mailing address:: NL  
Postal or Zip Code of mailing address:: NL-2908 XA

### **Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full capacity  
Given Name:: Nadia  
Middle Name::  
Family Name:: Harbeck  
Name Suffix::

City of Residence::	Offerfing
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Palnkamer Str. 49
City of mailing address::	Offerfing
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	83624

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Thomas
Middle Name::	
Family Name::	Koenig
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Skalitzer Strasse 18
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10999

#### Fourth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Sabine
Middle Name::	
Family Name::	Maier
Name Suffix::	
City of Residence::	<u>Brussels</u>
State or Province of Residence::	
Country of Residence::	<u>BE</u>
Street of mailing address::	<u>Rue d’Espagne 93</u>
City of mailing address::	<u>Brussels</u>
State or Province of mailing address::	
Country of mailing address::	<u>BE</u>
Postal or Zip Code of mailing address::	<u>1060</u>

#### Fifth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	NL
Status::	Full capacity
Given Name::	John
Middle Name::	
Family Name::	Martens
Name Suffix::	
City of Residence::	Rotterdam

State or Province of Residence::	
Country of Residence::	NL
Street of mailing address::	Schiekade 121 h
City of mailing address::	Rotterdam
State or Province of mailing address::	
Country of mailing address::	NL
Postal or Zip Code of mailing address::	NL-3033 BK

### **Sixth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Fabian
Middle Name::	
Family Name::	Model
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Debenzerstr. 73
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	12683

## Seventh Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Inko
Middle Name::	
Family Name::	Nimmrich
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Heinz-Kapelle-Str. 9
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10407

## Eighth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Manfred
Middle Name::	
Family Name::	Schmitt
Name Suffix::	
City of Residence::	Munich
State or Province of Residence::	

Country of Residence::	DE
Street of mailing address::	Hohenaschauer Str. 10
City of mailing address::	Munich
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	81669

### **Ninth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Ralf
Middle Name::	
Family Name::	Lesche
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Platanenstrasse 89A
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	13156

## Tenth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Dimo
Middle Name::	
Family Name::	Dietrich
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	<u>Greifenhagenerstrasse 39</u>
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	<u>10437</u>

## Eleventh Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Volkmar
Middle Name::	
Family Name::	Mueller
Name Suffix::	
City of Residence::	Hamburg



State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Dept. Genecology, University Medical  
Center, Hamburg-Eppendorf, Martinistrasse  
52  
City of mailing address:: Hamburg  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 20246

### **Twelfth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full capacity  
Given Name:: Antje  
Middle Name::  
Family Name:: Kluth  
Name Suffix::  
City of Residence:: Wentorf  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Bergedorfer Weg 52  
City of mailing address:: Wentorf  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 21465

### Thirteenth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Ina
Middle Name::	
Family Name::	Schwope
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Islaendische Str. 16
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10439

### Fourteenth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Oliver
Middle Name::	
Family Name::	Hartmann
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	

Country of Residence::	DE
Street of mailing address::	Sredzkistrasse 38
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10435

### **Fifteenth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	HU
Status::	Full capacity
Given Name::	Peter
Middle Name::	
Family Name::	Adorjan
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Dunckerstr. 4
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10437

## Sixteenth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Almuth
Middle Name::	
Family Name::	Marx
Name Suffix::	
City of Residence::	Nuernberg
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Viatissstrasse 88
City of mailing address::	Nuernberg
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	90480

## Seventeenth Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full capacity
Given Name::	Heinz
Middle Name::	
Family Name::	Hoefer
Name Suffix::	
City of Residence::	Munich
State or Province of Residence::	

Country of Residence:: DE  
 Street of mailing address:: Ismaningerstrasse 64  
 City of mailing address:: Munich  
 State or Province of mailing address::  
 Country of mailing address:: DE  
 Postal or Zip Code of mailing address:: 81675

### Correspondence Information

Correspondence Customer Number:: **22504**  
 Name::  
 Street of mailing address::  
 City of mailing address::  
 State or Province of mailing address::  
 Country of mailing address::  
 Postal or Zip Code of mailing address::  
 Phone number::  
 Fax Number:  
 E-Mail address::

### Representative Information

Representative Customer Number::		<b>22504</b>
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### Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP04/014170	<u>12/13/04</u>

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	3090432. <u>0</u>	12/11/03	Yes
EP	4090041. <u>7</u>	02/10/04	Yes
EP	4090127. <u>4</u>	04/01/04	Yes
EP	4013328. <u>2</u>	06/05/04	Yes
EP	4090380. <u>9</u>	09/30/04	Yes
EP	4027213. <u>0</u>	11/16/04	Yes

## Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	